Avian and Exotic Pet Service
Lauren V Powers, DVM, DABVP (Avian; ECM)
Board-Certified in Exotic Companion Mammals

Date:	
Time:	
Appt Type:	☐ Wellness ☐ Sick Visit ☐ Work-In ☐ After-Hours ER

EXOTIC COMPANION MAMMAL - HISTORY QUESTIONNAIRE

Thank you for trusting us with your pet's veterinary care. Please help us to better serve you and your pet by completing this questionnaire to the best of your ability. Leave sections blank if you do not know the answer. **QUESTIONS CONTINUE ON THE OPPOSITE SIDE.**

Client's name		**Pet's date of birth**	
Pet's name		**Date pet was obtained**	
Species		**Age when obtained**	
Breed and color		**Pet's gender**	☐ M ☐ F ☐ Unknown ☐ Spayed/Neutered
Place pet obtained	☐ Pet store Name: ☐ Breeder Name:	☐ Friend or family member ☐ Found outside ☐ Born at home	☐ Former owner (not family member) ☐ Other:
How did you hear about us?	☐ Internet ☐ Phone book ☐ Personal reference	☐ Pet store ☐ Breeder	☐ Veterinary referral
If referred, please list referring vet and hospital			

HOUSING AND ENVIRONMENT

Style of cage (check all)	☐ Purchased ☐ Came with pet ☐ Homemade (galvanized wire, C&C, etc) ☐ None (not caged) ☐ All wire ☐ Plastic bottom, wire top ☐ All plastic ☐ Wood and wire ☐ All wood	Other:
Cage dimensions	Height: Width: Depth:	☐ Unknown
Cage location in home	☐ Family room ☐ Living room ☐ Bedroom ☐ Dining room ☐ Outside ☐ Indoor/outdoor ☐ Screened-In Porch ☐ Sunroom ☐ Outside ☐ Quarantine area ☐ Kitchen	Other:
Water containers (check all)	☐ Water bottle ☐ Water bowl ☐ Both ☐ Multiple	Other:
Type of litter	☐ Pine shavings ☐ Aspen shavings ☐ Cedar shavings ☐ Hemp shavings ☐ Newspaper ☐ Recycled newspaper pellets ☐ Paper (eg. CareFresh) ☐ Fleece or fabric	Other:

Is there a grate (wire) on the bottom of the cage?	☐ Yes ☐ No	**Taken outdoors?**	☐ Yes ☐ No
How much time spent out of cage?	**# of Hours**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never	
Level of supervision	☐ Always watched ☐ Unsupervised on occasion ☐ Troublemaker ☐ Never out of cage		
Is your pet bathed?	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never (fearful)		

DIET AND SUPPLEMENTS

Formulated diets or homemade diets	**Brand(s):** **Amount per feeding:**	**Frequency that formulated diets are offered**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never, or not accepted
Hay (rabbits and rodents)	☐ Western timothy ☐ Orchard grass ☐ Alfalfa ☐ Oat ☐ Bermuda	**Frequency that hay is offered**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never, or not accepted
Green leafy vegetables and herbs (rabbits, rodents, sugar gliders)	☐ Kale ☐ Collards ☐ Spinach ☐ Parsley ☐ Cilantro ☐ Green leaf, red leaf, or romaine lettuce ☐ Chard ☐ Iceberg lettuce ☐ Mustard greens ☐ Cabbage ☐ Bok choi ☐ Turnip greens ☐ Dandelion greens ☐ Watercress ☐ Carrot tops ☐ Mint ☐ Basil ☐ Other:	**Frequency that green leafy vegetables are offered**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never, or not accepted
Other vegetables (rabbits, rodents, sugar gliders)	☐ Carrots ☐ Sweet potatoes ☐ Cauliflower ☐ Pepper ☐ Green beans ☐ Squash ☐ Zucchini ☐ Broccoli ☐ Other:	**Frequency that other vegetables are offered**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never, or not accepted
Fruits (rabbits, rodents, sugar gliders)	☐ Strawberries ☐ Bananas ☐ Grapes ☐ Papaya ☐ Mango ☐ Apple ☐ Citrus (orange, lime, etc) ☐ Other:	**Frequency that fruits are offered**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never, or not accepted
Cereals, grains, seeds, nuts (rabbits, rodents, sugar gliders)	☐ Rolled oats ☐ Dried corn ☐ Sunflower seeds ☐ Pumpkin seeds ☐ Nuts ☐ Cereal ☐ Groats ☐ Other:	**Frequency that grains are offered**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never, or not accepted

Supplements	☐ Vitamin C tablets ☐ Vitamin C in the drinking water ☐ Multi-vitamins ☐ Hay blocks or cubes ☐ Joint care ☐ Other:	**Frequency that supplements are offered**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never, or not accepted
Treats	☐ Yogurt drops ☐ Fruit ☐ Grains ☐ Cereals ☐ FerreTone ☐ FerretVite ☐ Mealworms ☐ GliderAid ☐ Other:	**Frequency that treats are offered**	☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely ☐ Never, or not accepted

PREVIOUS MEDICAL HISTORY

Any cage mates? Describe:							☐ Yes ☐ No
If yes, are they healthy? If not, please describe:							☐ Yes ☐ No
Other PETS in the home? Describe:							☐ Yes ☐ No
Previous wellness examinations?							☐ Yes ☐ No
Previous vaccinations (FERRETS ONLY)?	**Rabies**	☐ Yes ☐ No	Last date:	**Canine Distemper**	☐ Yes ☐ No		Last date:
Previous adverse drug reactions?							
Previous medical or surgical problems (please describe)							

BEHAVIOR AND PERSONALITY

How would you describe your pet? (Check all that apply)	☐ Calm ☐ Well-Socialized ☐ Outgoing ☐ Aggressive ☐ High-Strung ☐ Anxious ☐ Phobic ☐ Neurotic ☐ Depressed ☐ Lethargic
Have there been, or are there now, any of the following behavior problems?	☐ Aggressive biting ☐ Fear biting ☐ Phobias or anxiety ☐ Destructive ☐ Depression ☐ Repetitive behaviors

Check if your pet has, or has had, any symptoms in the following areas to a significant degree and briefly explain.

☐	Skin	☐	Airways or lungs	☐	**Recent changes in:**
☐	Fur	☐	Feces	☐	Body weight
☐	Toenails	☐	Urine	☐	Energy level
☐	Head or neck	☐	Lips	☐	Appetite
☐	Throat	☐	Legs	☐	Thirst
☐	Nasal passages or sinuses	☐	Behavior	☐	Voice

CURRENT PROBLEM (IF APPOINTMENT IS FOR MEDICAL CONCERN)

Date that problem was first noticed:	
Please describe the problem:	
How has the problem changed?	☐ Better ☐ Worse ☐ Episodic ☐ No better or worse ☐ Unknown
Current medication (if any) and response:	☐ None
How would you like us to handle and restrain your pet today? (check all that apply).	☐ I wish to be present for exam and all procedures (eg. blood draw, grooming) ☐ I wish to be present for exam only and not for any procedures (eg. blood draw) ☐ I wish to leave the room while you work on my pet in the exam room ☐ I am okay if you wish to take my pet to the Exotics Treatment Room
Any special requests or concerns about how we handle and restrain your pet today?	

PLEASE DESCRIBE ANY ADDITIONAL QUESTIONS OR CONCERNS YOU MAY HAVE